

### Health History Forms

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Emergency Contact \_\_\_\_\_  
Dr. name and telephone \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_ BMI \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
BMR \_\_\_\_\_ Heart rate maximum \_\_\_\_\_  
Blood pressure \_\_\_\_\_  
Occupation \_\_\_\_\_  
Email Address \_\_\_\_\_

**Medical History** please check those which apply

\_\_\_\_\_ High blood pressure specify \_\_\_\_\_  
\_\_\_\_\_ Heart ailment specify \_\_\_\_\_  
\_\_\_\_\_ Family history of heart disease specify \_\_\_\_\_  
\_\_\_\_\_ stroke or \_\_\_\_\_ family history of stroke \_\_\_\_\_  
\_\_\_\_\_ heart palpitations \_\_\_\_\_  
\_\_\_\_\_ dizzy spells or fainting \_\_\_\_\_  
\_\_\_\_\_ hypo or hyper glycemc specify \_\_\_\_\_  
\_\_\_\_\_ chest pains \_\_\_\_\_  
\_\_\_\_\_ difficulty breathing specify \_\_\_\_\_  
\_\_\_\_\_ overweight \_\_\_\_\_  
\_\_\_\_\_ epilepsy date of last seizure \_\_\_\_\_ medication \_\_\_\_\_  
\_\_\_\_\_ diabetes type 1 \_\_\_\_\_ type 2 \_\_\_\_\_  
\_\_\_\_\_ neck pain \_\_\_\_\_  
\_\_\_\_\_ low back pain \_\_\_\_\_  
\_\_\_\_\_ arthritis, bursitis, or tendonitis specify \_\_\_\_\_  
\_\_\_\_\_ joint injury specify \_\_\_\_\_  
\_\_\_\_\_ hernia \_\_\_\_\_  
\_\_\_\_\_ high cholesterol medications \_\_\_\_\_  
\_\_\_\_\_ smoking type and how much \_\_\_\_\_  
\_\_\_\_\_ ex- smoker (marijuana or cigarettes) date of cessation \_\_\_\_\_  
\_\_\_\_\_ practice food fasting \_\_\_\_\_  
\_\_\_\_\_ currently or recently pregnant \_\_\_\_\_  
\_\_\_\_\_ recently hospitalized or surgery \_\_\_\_\_  
\_\_\_\_\_ currently on medication type \_\_\_\_\_  
\_\_\_\_\_ consume alcohol type and how much \_\_\_\_\_

**Physical activity History**

Do you have an active occupation \_\_\_\_\_

Are you accustomed to hard labor \_\_\_\_\_

Were you a college or high school athlete \_\_\_\_\_

How often do you exercise?

\_\_\_\_\_ no exercise

\_\_\_\_\_ 0-2 times a week

\_\_\_\_\_ 1-3 times a week

\_\_\_\_\_ 3-5 times per week

\_\_\_\_\_ 4-6 times per week

\_\_\_\_\_ 7 times a week

**Goal Setting**

5 goals that you wish to achieve

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

How much time are you willing to put in to achieve your goals?

\_\_\_\_\_

\_\_\_\_\_

What are your barriers to exercise?

\_\_\_\_\_

\_\_\_\_\_

**Dietary patterns**

Have you ever been on a very low calorie restricted diet? If so how long and how many times?

\_\_\_\_\_

\_\_\_\_\_

How many meals and snacks do you eat each day?

\_\_\_\_\_

Do you eat healthy most of the time?

\_\_\_\_\_

Are you familiar with calculating your macro nutrients?

\_\_\_\_\_

**Stress**

On a scale of 1-10, 10 being the highest, what is your daily stress level? \_\_\_\_\_

How many hours do you sleep at night? \_\_\_\_\_

**BCRPA REGISTERED PERSONAL TRAINER  
INSURANCE PROGRAM  
RELEASE AND INDEMNITY**

*Please read carefully*

I, the applicant, on behalf of myself, members of my family, my heirs, executors, Administrators and assigns, hereby forever release discharge and hold harmless:

Tanya Knight (Rutherford) of Fit for Self Fitness Studio

And their representatives and agents for any injury, loss or damage to my person or property howsoever caused, arising out of or in connection with my taking part in Personal Training activities and not with-standing that the same may have been contributed to or occasioned by the negligence of the above Personal Trainer or their representatives or agents. I agree to wear a helmet while biking I agree to wear reflective clothing and lights when biking from dusk to dawn. I agree to wear a helmet, wrist and knee and elbow guards while roller blading and I agree to follow the rules and laws while performing any other activities I may undertake while exercising.

I have hereunder set my hand in this \_\_\_\_\_ day of \_\_\_\_\_.

Signature of participant

\_\_\_\_\_  
Signature of Guardian if participant is under 19

Witness:

\_\_\_\_\_